



**Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program**

Form WS1

Notice of Plumbing Inspector Approval to Seal Floor Drain

Note: This Notice is not applicable to any facility where the floor drain is connected to a Municipal Sewer System.

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Facility Information:

_____		UIC ID #	_____
Company Name		Nature of Business	
Street Address		City/Town	
State	Zip Code	Phone Number	
Facility Owner Name		Request to Seal:	_____ number of floor drains

Any additions or alterations to the system are not permissible without the approval of the local plumbing inspector. All seals must be in compliance with 248 CMR. This form must show the signature of both the Facility Owner and the Local Plumbing Inspector before a copy may be filed with MassDEP.

Upon approval by the Local Plumbing Inspector, a completed copy of this notice shall be filed immediately with the MassDEP Underground Injection Control (UIC) Program at the address below. In addition, upon completion of all necessary work, the applicant shall file a completed MassDEP UIC Notification Form to the same address.

_____	Facility Owner Signature	_____	Date
_____	Approval/Signature of Local Plumbing Inspector	_____	Date
_____	Plumbing Inspector for the City/Town of:	_____	Plumbing Permit #
_____		_____	City/Town Name

The Facility Owner shall send the completed forms to the appropriate MassDEP Regional Office (see <http://www.mass.gov/dep/about/region/findyour.htm>).

For questions and/or additional information, please call the UIC Program Coordinator:
MassDEP Boston Office, 617-348-4014.

Or the appropriate Regional MassDEP Office:

Western	413-784-1100 ext. 214
Central	508-792-7683
Northeast	978-694-3200
Southeast	508-946-2714

Send duplicate copies of this form to:

Local Board of Health